

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018243

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED APR 17 1963

Primary Registration District No.

1003

Registrar's No.

3933

STATE FILE NUMBER

VS 300
Rev. 4/59

1

20505

3

4

5

6

7

8

9

10

11

12 55.0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

DATE/AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		a. STATE Missouri b. COUNTY Jefferson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hospital For Children		d. STREET ADDRESS (If outside, give location) 600 West Miller De Soto Mo	
3. NAME OF DECEASED (Type or print) First Middle Last Patricia Jean Sloss		4. DATE OF DEATH Month Day Year April 7, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Harry E. Sloss		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT Harry E. Sloss 600 West Miller, De Soto, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL HYDRONEPHROSIS DUE TO (b) MULTIPLE CONGENITAL ANOMALIES DUE TO (c) 75% 3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH BIRTH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 2-17-63 to 4-7-63 and last saw her alive on 4-7-63		22. ADDRESS 1865 So. Grand	
22a. SIGNATURE Daniel J. Sullivan (Degree or title)		22c. DATE SIGNED 4-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23d. LOCATION (City, town, or county) (State) Potosi, Missouri	
24. FUNERAL DIRECTOR Mahn Funeral Home De Soto, Mo.		25. DATE RECD. BY LOCAL REG. APR 8 1963	

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gerald J. Mahan

Licensed Embalmer No.

4976

P. O. Address

De Soto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.